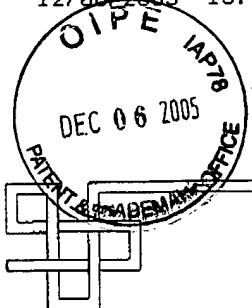


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## OFFICIAL FAX TRANSMISSION

Applicant: Nicholas M. DiTrolio  
Application No.: 10/632,458  
Confirmation No.: 3803  
Filed: July 31, 2003  
Title: Foot-Operated Pipette Dispenser  
Group: 2856  
Examiner: David A. Rogers

Our File: DSC-PT012.1  
Date: December 6, 2005

To: Office of Patent Publication  
Issue Fee Transmission

Fax No.: 571-273-2885

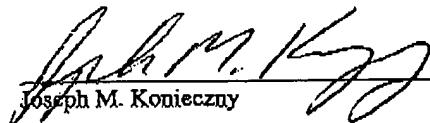
Total Pages (including cover): 4

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PTO/SB/21 (08-03)

Approved for use through 08/30/2003. OMB 0651-0031

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

## TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

		Application Number	10/632,458
		Filing Date	07/31/2003
		First Named Inventor	Nicholas M. DiTrolio
		Art Unit	2856
		Examiner Name	David A. Rogers
Total Number of Pages in This Submission	3	Attorney Docket Number	DSC-PT012.1

**ENCLOSURES (Check all that apply)**

<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance communication to Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Form PTO-2038
Remarks		

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm or Individual name	Joseph M. Konieczny, P.C.	
Signature		
Date	12/06/2005	

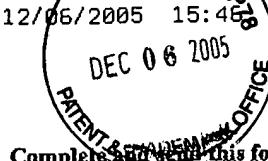
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Typed or printed name	Joseph M. Konieczny, Sr.	
Signature		Date 12/06/2005

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12/06/2005 15:48

16109401963

JOSEPH KONIECZNY

PAGE 03/04

## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

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 Commissioner for Patents  
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CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)

37533 7590 09/08/2005

JOSEPH M. KONIECZNY, P.C.  
 PO Box 387  
 CONSHOHOCKEN, PA 19428-0387

12/07/2005 TBESHAW2 00000084 10632458

01 FC:2501	700.00 OP
02 FC:1504	300.00 OP
03 FC:8001	15.00 OP

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/632,458	07/31/2003	Nicholas M. DiTollo	DSC-PT012.1	3803

TITLE OF INVENTION: FOOT-OPERATED PIPETTE DISPENSER.

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Joseph M. Konieczny, Sr.	(Depositor's name)
<i>Joseph M. Konieczny Sr.</i>	(Signature)
12-6-2005	(Date)

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$700	\$300	\$1000	12/08/2005
EXAMINER	ART UNIT	CLASS-SUBCLASS			
ROGERS, DAVID A	2856	073-864150			

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

Joseph M. Konieczny, Sr.

1 \_\_\_\_\_  
 2 \_\_\_\_\_  
 3 \_\_\_\_\_

## 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

## (A) NAME OF ASSIGNEE

## (B) RESIDENCE: (CITY and STATE OR COUNTRY)

Drummond Scientific Company

Brookline, Pennsylvania

Please check the appropriate assignee category or categories (will not be printed on the patent):  Individual  Corporation or other private group entity  Government

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## 4b. Payment of Fee(s):

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- a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.  b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above. NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature

Date 12-6-2005

Typed or printed name

Joseph M. Konieczny

Registration No. 35,806

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